



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID #

C 111055

OFFICE USE ONLY

bb

de

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| STATEMENT DATE<br>January 27, 2011   |  | TYPE OF STATEMENT (CHECK ONE)<br><input checked="" type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED |  | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)<br>3. Full Name of Committee  |  |
| 3. FULL NAME OF COMMITTEE<br>Shoemyer for Missouri   |  |  |  |   |  |
| 4. COMMITTEE MAILING ADDRESS<br>ADDRESS: PO Box 192<br>CITY / STATE / ZIP: Paris, MO 65275   |  |  |  | 5. TELEPHONE NUMBER<br>(573) 588-7895   |  |
| 6. TREASURER'S NAME<br>Linden Vanlandingham  |  |  |  |   |  |
| 7. TREASURER'S MAILING ADDRESS<br>ADDRESS: 30825 Route D<br>CITY / STATE / ZIP: Paris, MO 65275  |  |  |  | 8. TELEPHONE NUMBER<br>HOME: (660) 327-5897<br>WORK: (573) 721-2277   |  |
| 9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER<br>Cheryl Shoemyer  |  |  |  |   |  |
| 10. DEPUTY TREASURER'S ADDRESS<br>ADDRESS: 16350 Monroe Road 184<br>CITY / STATE / ZIP: Clarence, MO 63437   |  |  |  | 11. TELEPHONE NUMBER<br>HOME: (573) 588-7895<br>WORK:   |  |
| 12. OTHER COMMITTEE OFFICERS (IF ANY)<br>A. NAME B. ADDRESS C. TITLE   |  |  |  | 13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A |  |
| 14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)<br>A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.  |  |  |  |   |  |
| 15. TYPE OF COMMITTEE<br><input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input checked="" type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE |  |  |  |   |  |
| 16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)<br>A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY  |  |  |  |   |  |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)<br>A. NAME B. ADDRESS   |  |  |  |   |  |
| 18. CANDIDATES SUPPORTED OR OPPOSED<br>A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE<br>Wes Shoemyer 8-7-2012 Statewide Office <input checked="" type="checkbox"/> <input type="checkbox"/>                     |  |  |  |   |  |
| 19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED<br>A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE<br><input type="checkbox"/> <input type="checkbox"/>   |  |  |  |   |  |
| 20. COMMITTEE TREASURER'S SIGNATURE<br>I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.<br><br>Linden Vanlandingham<br>TREASURER'S SIGNATURE  |  |  | 21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )<br>I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.<br>Missouri Ethics Commission<br>FEB 16 2011<br>Wes Shoemyer 1-27-11<br>CANDIDATE'S SIGNATURE |   |  |